

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Thomas Flowers, Director
c/o Bullock County Correctional Facility
P. O. Box 5107
Union Springs, AL 36089

05cv992 emp

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
[Signature] ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
Les Marvin Solano *11/14/05*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7003 2260 0005 4586 3320

Domestic Return Receipt

102595-02-M-1540